

***United States Court of Appeals
for the Second Circuit***



APPENDIX

77-6006

UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT

MARY COX, as Administratrix of the
Goods, Chattels and Credits of
Bobby Cox, deceased,

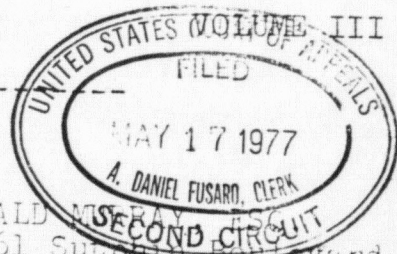
plaintiff-appellant,

- against -

ADMINISTRATOR OF THE VETERANS ADMINI-
STRATION, VETERANS ADMINISTRATION,
UNITED STATES OF AMERICA,

defendants-appellees.

A P P E N D I X



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DOCKET # 77-6006

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2 A The normal procedure would have been to
3 examine the patient, determine his need for hospitalization,
4 or not, and if hospitalization was in fact necessary, we
5 would contact the nearest Veterans Administration Hospital
6 and advise them that we had evaluated a patient who was
7 connected to their facility for disability and request
8 permission from the doctor on duty to transfer him forthwith
9 to that facility.

10 Q Are you saying that the normal procedure in
11 other hospitals in the area, if it was a service-connected
12 V.A. disability, would be to send a patient, assuming
13 treatment was needed, to the V.A. Hospital?

14 A That would be the normal procedure, yes.

15 Q From your reading of the various hospital
16 records, and I realize you never treated the patient,
17 but from your reading of the record, what would be your
18 impression as to what the accurate diagnosis for this
19 patient would be?

20 A I think the diagnosis of chronic schizophrenia
21 was probably correct.

22 Q I would like to give you additional facts to
23 assume in addition to the records you have read.

24 Assuming that his mother came to court and
25 testified here that from August 14, 1972, that being the

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2 date, you may recall, that he was discharged from New
3 York -- the last discharge in the New York hospital record,
4 until his date of death, October 11, 1972 --

5 THE COURT: 11 or 12?

6 MR. MURRAY: The 11th, your Honor.

7 THE COURT: The stipulation, I believe, refers
8 to the 12th.

9 MR. MURRAY: The stipulation is in error, your
10 Honor. I have the death certificate here --

11 I am sorry. The incident occurred on the 11th
12 and he died on the 12th. I stand corrected.

13 MR. PARKER: I object to that. I believe what
14 the death certificate reflects --

15 THE COURT: Won't you speak up, please?

16 MR. PARKER: I am sorry.

17 I believe what the death certificate reflects
18 is that he was found on October 12. It is a surmise that
19 the suicide occurred on the 11th. He was found on the
20 12th and the death certificate is marked the 12th.

21 MR. MURRAY: Well, whatever. I have no reason --

22 We will introduce the death certificate and
23 it speaks for itself.

24 Q Whatever it was, October 11 or 12, from
25 August 14, 1972, to October 11 or 12, 1972, that his mother

1 ranch Kovacs' - direct 210
2 assumed -- that she came to court and testified that he
3 spoke of suicide and asked her for her gun --

4 MR. PARKER: I am going to object to that.

5 The question is rather imprecise in light
6 of the fact that the testimony indicates that at least
7 from September 18 or 19 until October 1 the decedent wasn't
8 in the company of his mother. Moreover, the testimony
9 further indicates, as I recall it, that the references to
10 suicide at that time, which appear at page 32 of the
11 record, were made upon Mr. Cox' return to North Carolina
12 after October 1.

13 MR. MURRAY: I don't have a copy of the
14 transcript, your Honor. I was going by memory.

15 THE COURT: I don't have a copy, either.

16 MR. MURRAY: If Mr. Parker has an accurate
17 transcript of it, I will modify -- I was going from memory
18 and I knew it was between those dates.

19 THE COURT: Reframe your question in the light
20 of the record.

21 Q There was a period of time within which, from
22 the last of September to the first of October --

23 MR. PARKER: From the 1st of October until
24 his death.

25 (Pause)

1 munch 10

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2 MR. PARKER: Your Honor, I had ordered a copy
3 of the transcript and I also ordered a copy of the
4 transcript for the Court.

5 I apologize that it has not been delivered its
6 copy of the transcript.

7 Mr. Murray was free to order a copy of the
8 transcript also, and I am sorry for the delay here.

9 Q Within that time interval --

10 MR. PARKER: Which time interval?

11 THE COURT: Start all over again.

12 Q If there was talk for intermittent periods of
13 time --

14 THE COURT: Fix the time.

15 Q He was discharged, as you know from the records,
16 August 14, 1972 from the hospital in New York, the last
17 discharge, against medical advice, irregular discharge.

18 Somewhere within the time -- and Mr. Parker
19 pointed out he ordered a transcript and there were certain
20 periods of time, obviously, because there was testimony
21 that Mr. Cox came to New York and they presented themselves
22 at the New York V.A. Hospital on or about September 20,
23 1972 -- but let's take the inside date as August 14,
24 1972, the release from the New York Hospital, and the
25 outside date is the date of death, and there were certain

1 rmmch 11 Kovacs' - direct 212
2 periods of time during that time when he was not in his
3 mother's company.

4 In any event, during certain periods of that
5 time, his mother testified he spoke of suicide and asked
6 for her gun --

7 MR. PARKER: I am going to object again, your
8 Honor.

9 The time should be pinpointed. The time can
10 be pinpointed as after October 1, 1972, in that period
11 of time between the 1st of October or the last of
12 September and Mr. Cox' death, there is testimony at page 32
13 of the record that the decedent asked the mother for the
14 gun --

15 THE COURT: What is the date?

16 MR. PARKER: There is no date, but the testimony
17 indicates on page 31 that these questions were directed
18 to the period of time after the decedent returned to North
19 Carolina following the alleged visit to the V.A. Hospital
20 in Manhattan on September 20.

21 MR. MURRAY: Your Honor, at this time -- it is
22 a rather voluminous transcript and my recollection is that
23 the mother was not that certain about the dates.

24 THE COURT: Why don't you two get together
25 there and see what you can agree upon and put the question

1 rmmch 12

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2 to the doctor in terms of what the record states.

3 (Pause)

4 MR. MURRAY: Your Honor, I will read the various
5 portions of the transcript which are pertinent instead
6 of trying to summarize them.

7 THE COURT: All right.

8 Read from page 13.

9 Q "Q I'm sorry

10 "From the time that he came back from the Service,
11 and try to give me a little more specific information as
12 to dates" --

13 Doctor, this is supplemental to your history
14 you read from the hospital records.

15 "From the time that he came back from the
16 Service, and try to give me a little more specific infor-
17 mation as to dates, but from that long period of time, from
18 when he came back from the Service, what was that, 1967,
19 1968, something like that?

20 "A '67, something like that.

21 "Q You mention he had difficulties which caused
22 him to go into the hospital, is that right?

23 "A Right.

24 "Q Will you tell the Court what you observed --
25 and I realize you are not a psychiatrist, but what you

1 rmmch 13 Kovacs' - direct 214

2 observed those difficulties were?

3 "A He was really depressed, restless. He couldn't
4 sleep at night, he just walked. Most times he didn't
5 want to eat food and he was really disturbed, threatening
6 suicide. He wanted to know where my gun was, where did
7 I keep it and at times he was just out of control and I
8 couldn't do anything with him."

9 That was objected to and the Court asked a
10 question:

11 "THE COURT: How did it come about that he
12 went into the Veterans Hospital the first time after he
13 returned?

14 "THE WITNESS: Well, he take sick. I wasn't
15 here at the time.

16 "THE COURT: He took sick in New York?

17 "THE WITNESS: Yes.

18 "THE COURT: And you were in North Carolina?

19 "THE WITNESS: Yes."

20 Further down the page, line 15:

21 "THE COURT: As I understood it after his
22 return he visited you rather infrequently in North Carolina,
23 not regularly? You said he would come down on vacations,
24 around Christmas time, is that it?

25 "THE WITNESS: After he went into the hospital,

1 rmmch 14 Kovacs'- direct 215
2 well, he was sick and then he would -- he was working
3 and then when he went in the hospital and wasn't working,
4 then he would come home when he had time off.

5 "THE COURT: He would come home when?

6 "THE WITNESS: Whenever he was better. You
7 know, if he would get better -- he would get sick. He
8 would get these bad spells."

9 "THE COURT: Do you mean from the time he
10 returned following his Army service he was never right?

11 "THE WITNESS: To my knowledge he wasn't right.

12 "THE COURT: To your knowledge. All right.
13 He was often speaking of Vietnam.

14 "Q He served in Vietnam?

15 "A He served in Vietnam."

16 "Q And did he stay with you?

17 "A Yes.

18 "Q This was after his first hospitalization?

19 "A Yes.

20 "Q Which was, I believe in Septmeber 19 --

21 "THE COURT: From September 30, 1968 to
22 February 20, 1969."

23 Page 18:

24 "THE COURT: Now coming back to the question
25 that counsel was putting to you, it was after the second

1 rmmch 15 Kovacs'- direct 216

2 admission to the hospital that -ou first heard him
3 talk about suicide?"

4 And there is a whole sequel on that page,
5 the Court read in the dates of the hospitalization,
6 March 2, 1970, ending March 30, 1970.

7 "THE COURT: When was the first time you heard
8 him talk about suicide?"

9 And that is referring to after that hospitalization

10 "THE WITNESS: It was long about that time.

11 I guess. I can't recall. I'll tell you, you see, my son
12 was the type of person that would be thinking about these
13 things, but he really didn't want me to know about it.
14 He didn't want to worry me. Finally when he got so sick,
15 then he was talking about -- he was asking me where was
16 my gun, you know, and talking about committing suicide.

17 "Q Did these dicussions -- I realize it is over
18 a number of years -- did they take place a few times or
19 many times? How would you characterize it?

20 "A A few times.

21 "Q Did there come a time on August 20, 1972
22 that you brought your son to the Veterans Administration
23 Hospital in Fayetteville, North Carolina for treatment?

24 "A Yes.

25 "Q Did you talk to anybody who admitted him at

1 rmunch 16

Kovacs'- direct

2 that time?

3 "A I talked to the Veterans Administration lady.

4 "Q Did you talk to a doctor?

5 "A I don't recall if he was a doctor.

6 "Q Did you talk to somebody who worked for the
7 hospital?

8 "A Yes, I did.

9 "Q Did they ask you questions about him?

10 "A Yes.

11 "Q Did you tell him about these incidents?

12 "A Yes, I did.

13 "THE COURT: What did you tell them?

14 "THE WITNESS: I told them that he was -- that
15 I couldn't do anything with him. He was acting violent.

16 "THE COURT: When was that?

17 "THE WITNESS: Acting violent and I couldn't
18 keep him at home. I mean, I just couldn't keep him nearby
19 myself and I would like for them to admit him.

20 "THE COURT: Was he admitted?

21 "THE WITNESS: They admitted him, but then after
22 I went back the next day they told me that they didn't
23 have the -- they told me how he was and everything and
24 they said they didn't have the facilities down there to
25 treat him, that I would have to bring him back to the

1 rmmch 17 Kovacs' - direct 218

2 hospital up here.

3 "Q In New York are you talking about?

4 "A Yes, in New York.

5 "Q You mean to go back to the care of the doctor
6 that was taking care of him in New York?

7 "A Yes.

8 "Q Do you remember that doctor's name?

9 "A Dr. Singer.

10 "THE COURT: Did you bring him back to New York?

11 "THE WITNESS: No, I didn't bring him back."

12 Page 22:

13 "Q Do you remember the reason he went back to
14 New York for?

15 "A He came back to New York because they didn't
16 have the facilities in Fayetteville, North Carolina to
17 treat him with, so he came back up here to be readmitted
18 to the hospital up here in New York.

19 "Q Do you recall when you had him admitted in
20 Fayetteville, North Carolina, do you recall if you
21 mentioned the incidents of the suicide threats?

22 "A Yes, he did.

23 "Q I beg your pardon?

24 "A He mentioned that before he carried him to the
25 hospital.

1 rmmch 18

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2 "Q I understand. What I was asking you, Mrs.
3 Cos, did you mention that to whoever it was, a doctor?

4 "A Oh, at the hospital?

5 "Q Yes. If you remember.

6 "A Yes. I mentioned it because I told them that
7 he was just violent and I couldn't do anything with him at
8 home. I told them I wished they would admit him in
9 and try to help him in some way."

10 Page 25, after the discharge from the
11 Fayetteville Hospital.

12 "THE COURT: How long did he stay with you
13 in North Carolina?

14 "THE WITNESS: He stayed there for a few days
15 but how many days I can't say.

16 "THE COURT: After he stayed with you for a few
17 days did he return to New York?

18 "THE WITNESS: Yes, he did."

19 Then on page 26:

20 "THE COURT: When you say home, you are referring
21 to your home in North Carolina?"

22 "THE WITNESS: Yes.

23 "THE COURT: When did he return there?

24 "THE WITNESS: I think it was in August."

25 Page 27:

1 runch 19

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2 "Q You say he went to New York to go to the
3 Veterans Hospital in New York, is that correct? Is that
4 what you said?

5 "A After he came home in August?

6 "Q You admitted him to the Veterans Hospital in
7 August --"

8 Page 28:

9 "THE COURT: August what year?

10 "THE WITNESS: I believe '72."

11 Page 28:

12 "Q Did you then go back to North Carolina?

13 "A Then I had to catch a flight. In other words,
14 I had to call my relatives in North Carolina to keep him
15 there because I knew he wasn't right until I got there
16 and I had to catch a flight home.

17 "Q So you went back?

18 "A And I went back to North Carolina."

19 Page 31:

20 "THE COURT: Can you fix the time when he came
21 back to North Carolina?

22 "THE WITNESS: When he came back to North
23 Carolina it was, it was somewhere around the last of
24 September or the first of October, around the first of
25 October, somewhere like that.

1 rmmch 20

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2 "THE COURT: 1972?

3 "THE WITNESS: 1972. It might have been the
4 first of October."

5 "Q What did you observe about his behavior at
6 that time when he came back?

7 "A He couldn't sleep at night. He would just
8 walk the floor. He was saying he was real depressed,
9 and I couldn't get any sleep and part of the time I
10 couldn't get him to eat food. He would just sit and stare.
11 He just didn't seem like -- he seemed like he was in
12 another world. I couldn't reach him.

13 "Q Did he say anything that disturbed you at that
14 time?

15 "A Yes.

16 "Q What did he say, if you remember?

17 "A He asked me about my gun, where did I keep it?

18 "So I asked him why. He said he just wanted
19 to know.

20 "I wouldn't tell him because he was -- well,
21 he would say every once in awhile about committing suicide.

22 "Q ... Did there come a time when he committed
23 suicide?

24 "A Yes.

25 "Q Were you present?

1 ranch 21 Kovacs - direct 222

2 "A No, I wasn't.

3 "THE COURT: Where did this take place?

4 "THE WITNESS: In North Carolina."

5 MR. MURRAY: At this time I will introduce
6 the death certificate showing he died in North Carolina
7 on October 11 or 12.

8 MR. PARKER: I believe the portion of the
9 transcript Mr. Murray has read bears out the thrust of
10 my objection, that is, in the initial time frame to which
11 he referred, the only juncture which we can pinpoint
12 in Mrs. Cox' testimony to talk of the gun or threats of
13 suicide was after August 1 --

14 THE COURT: August 1 of what year?

15 MR. PARKER: 1972.

16 There is a reference that perhaps can be
17 traced back to 1970, but beyond that it seems to be in the
18 area --

19 MR. MURRAY: I believe the transcript speaks
20 for itself. That is why I read it to the doctor.

21 THE COURT: Put your question now.

22 MR. MURRAY: Let that be part of the
23 hypothetical, your Honor.

24 MR. PARKER: I object to that.

25 MR. MURRAY: The reading of the witness'

1 rimch 22

Kovacs' - direct

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2 testimony to the doctor, you object to that?

3 MR. PARKER: Frame a question.

4 MR. MURRAY: I am adding this to the hypothetical.
5 He is an expert witness. That is his purpose, to answer
6 hypothetical questions.

7 THE COURT: Assume the witness testified in
8 the manner just indicated and as read to you by counsel.

9 Now continue. Do you have anything to add?

10 Q Assume further, Doctor, that the family
11 testifies --

12 THE COURT: A family doesn't testify.

13 Q -- the sister and the mother both testify that
14 nobody in any V. A. Hospital ever told them that they
15 recommended an involuntary commitment, and assume further
16 the sister testified in the last hospital stay, when he
17 signed himself out, I believe that would be August 14, 1972,
18 that Dr. Singer told her he was of age and there was
19 nothing they could do to keep him there against his will.

20 All right, Doctor. Within reasonable medical
21 certainty, from the hospital records you have read,
22 from the hypothetical I posed to you, with the additional
23 facts, within reasonable medical certainty, do you believe
24 that -- well, let's deal with it piece by piece.

25 Do you believe on August 14, 1972, when the

- 1 rmmch 23 Kovacs - direct 224
2 decedent, Bobby Cos, was allowed to sign himself out on
3 an irregular discharge against medical advice -- do you
4 believe that the doctor and other administration personnel
5 at the hospital should have taken any steps to have him
6 committed at that point?
- 7 MR. PARKER: I am going to object.
8 Are you asking for his personal belief or --
9 THE COURT: Do you have an opinion you can
10 express with reasonable medical certainty?
- 11 Q Within reasonable medical certainty, do you have
12 an opinion?
- 13 A Yes.
14 Based on the information that I heard you present
15 just now and the information that I gathered from the
16 records, it seemed to me that this man represented a
17 serious risk to his own welfare and thereby was subject to
18 involuntary hospitalization.
- 19 Q If you were the treating psychiatrist at that
20 time, would you have called in the family and recommend
21 to them involuntary commitment?
- 22 A I would have done that and I would have advised
23 the patient that I was pursuing that particular course
24 as well.
- 25 Q What about the release in the hospital in

1 runch 24 Kovacs'- direct 225
2 Fayetteville, North Carolina, on or about August 21, 1972,
3 do you have an opinion within a reasonable medical certainty
4 as to what procedure you would have followed as to
5 involuntary commitment at that date?

6 A Yes.

7 Q Would you please tell the Court what that is?

8 A Certainly.

9 At that time, if I were in that particular
10 situation, I would have retained the patient in the
11 hospital and arranged for an orderly transfer of the
12 patient to the facility in New York, if I felt that he
13 would be better treated in that facility.

14 Q In the event the patient would not cooperate,
15 would you have recommended involuntary commitment to the
16 family at that time?

17 A Yes, I would.

18 Q I am going to read to you, Doctor, a part
19 of a rule which is in evidence. It is from Rule 1310,
20 irregular discharge, hospital patients.

21 "The class of patients listed below will be
22 given irregular discharge. The staff physician will
23 enter a notation and SF509 progress notes explaining
24 a patient's reason for leaving the hospital when the
25 departure was not medically approved. This notation will

1 rmmch 25 Kovacs' - direct 226

2 be supported by a brief statement of the patient's
3 condition:

4 "(a) Patients who refuse, neglect or obstruct
5 care and treatment;

6 "(b) Patients who refuse to accept transfer as
7 outlined in Chapter 116;"

8 Next page:

9 "Patients who fail to return from authorized
10 absences and patients who leave hospital supervision without
11 approval of their physicians.

12 "Exception: Patients considered unable to
13 make adequate judgment about their best interests or who
14 are committed or who have institutional awards will be
15 placed on absence," and so forth.

16 From yourreading of this chart, do you believe
17 that on August 14, 1972, the date that Bobby Cox was allowed
18 to sign out on an irregular discharge in the New York City
19 V. A. Hospital -- do you believe, within reasonable medical
20 certainty, that he was a patient considered able to make an
21 adequate judgment about his best interests?

22 A No, I would not.

23 Q What about the same question for the date
24 August 21, 1972, when he was again permitted to have an
25 irregular discharge, sign himself out against medical

1 rmmch 26

Kovacs'- direct

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2 advice in Fayetteville, as you are aware from reading the
3 records?

4 A Absolutely not.

5 Q Is there not a New York State rule, as far as
6 the New York State Hospital is concerned, that a patient
7 who is in a mental hospital at the present time is not
8 allowed to sign or execute any legal document without the
9 approval of the supervising psychiatrist?

10 A To the best of my knowledge, that is true.

11 Q So, in effect, would that not question the
12 validity of his signing himself out, in your mind?

13 A It would.

14 Q Without going through the whole record,
15 suffice it to say that in 1968 there were several suicide
16 attempts, or suicide ideations, or one attempt and one
17 ideation, and the sister testified that on a certain date
18 in July of '68 she received a call from the patient --

19 MR. PARKER: That is not in the --

20 MR. MURRAY: In the record there was a suicide
21 ideation. I am sorry.

22 Q Also in that period of time there was also
23 an incident which was read into the record where he went
24 to the window and banged at the window in an escape attempt
25 and it was brought out in the examination before trial that

1 rmmch 27

Kovacs - direct

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2 this window was on the 16th floor and should he have
3 gone out that window, the testimony indicates there was
4 no staircase or anything blocking his fall.

5 Taking these factors into consideration,
6 even though this unfortunate incident happened in October
7 1972, do you believe the suicide ideations or attempts
8 or acting, to your mind as an experienced psychiatrist,
9 presented a risk of suicide in the two hospitalizations
10 where he was allowed to sign himself out, the first being
11 the one August 14, 1972 in New York, within reasonable
12 medical certainty?

13 A Any suicidal ideation or behavior on the part
14 of a patient subject to mental disorganization should raise
15 suspicion of suicide potential in that particular patient.

16 Q Would that be the same for his release in
17 Fayetteville August 21, 1972?

18 A If the examining physicians were aware of his
19 prior behavior, yes.

20 Q Assuming that they had his records in front
21 of them.

22 A Then the answer would be yes.

23 Q And they would have to be aware of it, isn't
24 that right, Dr. Kovacs?

25 A Yes.

1 rmmch 28

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2 Q Within reasonable medical certainty, is it
3 not a risk that any depressed patient presents a suicidal
4 risk?

5 A All depressed patients are considered poten-
6 tially suicidal.

7 The actual degree of risk depends on the
8 intensity of their disorder.

9 Q From reading this chart, how severe do you
10 believe his disorder was?

11 A Moderate to severe, when he was ill.

12 Q Moderate to severe?

13 A Yes.

14 Q You mean at varying points?

15 A I would classify it in that category, moderate
16 to severe.

17 Q I believe from the chart it is well documented
18 that he was given Thorazine quite regularly in his
19 treatment?

20 A Yes.

21 Q You have read from the record he was given
22 Thorazine in his last two stays that he was allowed to sign
23 himself out.

24 Assume that there was testimony that he did
25 not have Thorazine made available to him subsequent to his

1 rmmch 29 Kovacs' - direct 230
2 last discharge on August 21, 1972, and I believe that
3 was the testimony --

4 MR. PARKER: Could you read the last part
5 of the question?

6 (Record read)

7 MR. PARKER: I object to that part of the
8 question, your Honor.

9 There is testimony that both the mother and
10 the sister made available Thorazine to him.

11 MR. MURRAY: I think they testified after a
12 certain point he didn't have it available, and I believe
13 that was the date I picked up.

14 I don't know the date, but if you have it
15 handy --

16 MR. PARKER: As I recall the testimony, the
17 mother testified that before Mr. Cox drove himself from
18 Fayetteville to New York, around about the end of
19 September, he took some Thorazine.

20 Mrs. McNeil testified that after September 20
21 he again took Thorazine. She did not indicate on how
22 many occasions.

23 MR. MURRAY: I believe that is the correct
24 date. It was approximately September 20.

25 Q Assume after September 20, or approximately

rmmch 30

Kovacs -- direct

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1 thereafter, that he did not have Thorazine prescribed and
2 made available to him, from your reading of the record,
3 Doctor, would it not be a risk for his symptomology to
4 increase -- with stopping Thorazine? Would that not be a
5 risk?
6

7 A That would be a significant risk.

8 Q If you were the treating doctor at that time,
9 would you have recommended the continuation of Thorazine
10 even though he was not hospitalized at that time?

11 A Yes, sir.

12 THE COURT: My recollection of the testimony
13 of Miss McNeil was that she gave him Thorazine after
14 September 20.

15 MR. MURRAY: I don't recall the exact date.

16 THE COURT: And he got the Thorazine from the
17 V.A. Hospital in New York.

18 You are putting questions now not based on
19 matters in evidence.

20 MR. MURRAY: My recollection is, and I assume
21 it can be read back --

22 THE COURT: Get the minutes so there won't be
23 any question about it. You get Miss McNeil's testimony --
24 she testified on September 20, 1972 she had Thorazine at
25 the apartment, doesn't recall how much, gave him Thorazine

1 rmmch 31 Kovacs'- direct 232
2 after September 20, 1972, which he got from the V.A.
3 Hospital in New York, and that whenever he wanted Thorazine
4 he went to the V.A. Hospital to get it.

5 You are putting questions now that you are
6 drawing out of thin air -- or questions based on matters
7 you are drawing out of thin air.

8 Look under the cross-examination of Miss
9 McNeil.

10 MR. PARKER: Page 81:

11 "Q Did you make him take Thorazine after
12 September 20, 1972?

13 "A After he couldn't get into the hospital, yes."
14 That was the testimony of Miss McNeil.

15 THE COURT: It goes beyond that, doesn't it?
16 You have the trial transcript and I have only my abstract
17 here.

18 MR. MURRAY: Yes, page 81:

19 "Q I said is it fair to say that when he wanted
20 Thorazine he would get it from the V.A. Hospital at
21 First Avenue and 24th Street?

22 "A Before the last time that he tried to get
23 admitted, yes, I would say yes, it is fair to say that."

24 I am drawing an inference from that question
25 that there was a time after September 20 that he did not

1 rmmch 32

Kovacs'- direct

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2 have Thorazine, he was en route -- I believe there was
3 testimony that he used up the last pill and that was
4 some time in the end of --

5 MR. PARKER: Page 93, your Honor:

6 "Q After the 20th did your brother still say that
7 he wanted to be hospitalized?

8 "A He was taking the medicine that I had at home
9 and he was, you know, calming down more and more, so I was
10 just hoping that he could continue to calm down until at
11 least his 90 days were up."

12 There is no further reference to the medicine.
13 I don't believe that a question and answer was given as
14 to the last day that he took Thorazine.

15 THE COURT: Put your question, please.

16 Q In the event he had no Thorazine from, let's
17 say, a little after September 20, 1972 --

18 MR. PARKER: I object to that. There is no
19 evidence of that fact.

20 MR. MURRAY: I don't think it is prudent to
21 take the Court's time. We will go through this, if
22 Mr. Parker . . . , after the trial, but I would like to ask
23 the hypothetical --

24 THE COURT: But a hypothetical question is
25 supposed to be based upon matters in evidence.

1 rmunch 33

Kovacs'- direct

234

2 MR. MURRAY: I recall the testimony and I
3 believe there was a question and answer that he used the
4 last pill, used it up, and I would like the opportunity
5 after the trial to review the --

6 MR. PARKER: There was such a question and
7 answer by Mrs. Cox, not by Mrs. McNeil.

8 MR. MURRAY: That is possible.

9 THE COURT: What is the question?

10 Q If there was a period of ten days where he
11 did not take Thorazine, within reasonable medical certainty
12 would that present a risk of his symptomology becoming
13 worse?

14 A Over that period of time it could begin to
15 deteriorate.

16 Q Would there be a risk of him decompensating?

17 A The risk would be slightly elevated.

18 Again, you have to realize that over that brief
19 period of time the body doesn't excrete all the medication
20 entirely and there would still be some small amounts of
21 medication still in the body.

22 Q Assume further, Doctor, on September 20, 1972
23 Mr. Cox, the decedent, and his sister presented themselves
24 at the V. A. Hospital and this was within the 90-day period,
25 and assuming, following his discharge against medical

1 rmmch 34 Kovacs'- direct 235
2 advice on August 14, 1972, that they saw an admissions
3 clerk of some kind and his records were pulled and he was
4 not evaluated by a doctor and simply told that, because of
5 a hospital rule, the 90 days were not up and he could not be
6 readmitted.

7 Do you think, within reasonable medical
8 certainty, this was a proper or improper procedure for the
9 hospital to follow?

10 A I believe by its own definition it was improper.

11 Q What do you feel would have been the proper
12 procedure at that time?

13 A Well, if that procedure were in fact obtaining
14 at the time, it would require a physician's determination
15 to determine whether this was or was not a medical
16 emergency requiring hospitalization.

17 Q And if it was?

18 A Then he would be hospitalized.

19 Q In your opinion, Doctor, from reading this
20 chart and from his experiences -- I believe there was a
21 long hospital stay from September 30, 1968 to February 20,
22 1969, and assuming further there was testimony and proof
23 and records that he actually worked for the post office
24 substantially most of the time in between hospitalizations,
25 do you feel had the patient be admitted prior to the

1 rmmch 35 Kovacs' - direct/cross 236

2 suicide he could have been maintained at a level where
3 he could have functioned as a truck driver for the post
4 office after he was treated?

5 A I would say that it is quite likely he could
6 have achieved that level of function.

7 Q That would be within reasonable medical
8 certainty?

9 A Yes.

10 Q Do you believe over the years he would have
11 been able to work fairly regularly, barring, perhaps,
12 episodes of decompensation from time to time?

13 A Yes, I do.

14 MR. MURRAY: Thank you, Doctor.

15 CROSS-EXAMINATION

16 BY MR. PARKER:

17 Q Dr. Kovacs, based on your reading of the New
18 York medical records, that is, the medical records relating
19 to the hospitalization between July 19 and August 14,
20 1972, is it your testimony that the decision to allow
21 Mr. Cox to discharge himself against medical advice flew
22 in the face of accepted medical practice?

23 A No, I don't think it flew in the face of
24 acceptable medical practice.

25 Q In New York, when is it that a psychiatrist,

rmmch 36

Kovacs' - cross

237

1 such as yourself, may keep a patient in the hospital against
2 his will?
3

4 A In the most practical terms, whenever a
5 psychiatrist feels that it is in his patient's best
6 interests to remain in the hospital, and on a hearing before
7 a civil judge the judge will decide, with the psychiatric
8 opinion, that the person is in need of hospitalization,
9 since the civil law is quite obtuse in this area.

10 Q Then you would not say the guiding principle
11 as to whether to keep a patient in a hospital against his
12 will is whether he is likely to harm himself or others?

13 A That is one of the questions a psychiatrist
14 must answer for himself but, ultimately, it depends on the
15 psychiatrist's judgment as to whether it is in the patient's
16 best interests and whether the Court will decide the person
17 may be held against his will.

18 Q Isn't it true that sometimes --

19 A By the way, I may add, a psychiatrist may make
20 that judgment and the patient is obliged to stay in the
21 hospital until a civil hearing can be arranged, which
22 is two or three days, I believe.

23 Q Certainly, Doctor, you wouldn't make such a
24 judgment if you felt that at the civil hearing there would
25 be no basis for your holding the determination?

rmch 37

Kovacs - cross

238

A In all likelihood, yes.

Q Isn't it true that in reaching the determination as to whether to hold a patient against his will psychiatrists will differ?

A Markedly.

THE COURT: It is a matter of judgment, is it not?

THE WITNESS: Yes, it is.

Q In the Cox case, the one we are involved in --

THE COURT: Please keep your voice up.

Q In the Cox case, is it fair to say that what was involved here was a judgment call by the psychiatrist treating him?

A I would say that, based on the record, Dr. Singer, the doctor in charge of the case at the time, had to make a judgment as to whether it would be in his patient's best interests or not and whether he could sustain an involuntary commitment of the patient that was involved.

Further reading of the record indicates that Dr. Singer felt that the patient was not ready for discharge at that time and for other reasons decided that he would allow him to leave.

Q Obviously Mr. Cox is dead and it was a mistake,

1 in retrospect, to discharge him. I think we can all agree
2 on that.
3

4 A It was a mistake to not readmit him.

5 Q I am limiting you to August 14 and I am
6 talking about the discharge.

7 Would you, Doctor, say that it was more than
8 a mistake? Specifically, did Dr. Singer -- specifically,
9 now -- violate accepted medical practices in discharging
10 Cox, or is what we are talking about here a judgment call?

11 MR. MURRAY: I object to that question for
12 this reason:

13 We are not disputing that if there were
14 certain factors found by Dr. Singer that he had the right
15 to discharge him. We are disputing in this case, based
16 on this record, with the suicide threats in the
17 background -- Mr. Parker is asking questions which are
18 quite correct but they don't apply, and I think they should
19 be pointed to this particular patient.

20 MR. PARKER: I believe they have, your Honor.

21 THE COURT: That is my understanding.

22 MR. MURRAY: Could I hear the last question?
23 I want to verify my remarks.

24 (Record read)

25 MP. MURRAY: I think it should be added, "based

rmmch 39

Kovacs - cross

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on the history --

THE COURT: The question is clear.

A It was clearly a matter of judgment, I would say.

Q Doctor, turning to the Fayetteville discharge, I would like you to read the discharge note, and let's forget for the moment about Mrs. Cox' testimony and focus solely on what the discharge note says.

Let me know when you have finished reading the note.

A I have read it.

Q Again, Doctor, based on your understanding of accepted medical practices, is not what we are talking about here, the North Carolina discharge, again a judgment call?

A Well, I would certainly say there was nothing flagrantly destructive about what they did.

The discharge note doesn't reflect the actual condition of the patient. The admission reflects he was quite agitated when he was admitted and that he required a closed-ward setting, that he had a significant potential for acting out at the time -- acting out violently at the time he was admitted.

But in all of these situations we are almost

rmmch 40

Kovacs'- cross

241

always talking about judgment.

Q Again, so that I understand perfectly, Doctor, is it your testimony, then, that what we are talking about in regard to the North Carolina discharge is that it is a judgment call rather than a violation of accepted medical practice?

Am I correct in that?

A Poor judgment can be poor medical practice. So I don't know where the line of questioning leads.

You can't, in my mind, separate judgment from medical practice. Poor judgment is not acceptable medical practice and if this man required constraint and retention against his will and somebody didn't do that, that was poor judgment.

Whether somebody can be found liable for malpractice for doing that, I don't know.

THE COURT: With reference to the records at the North Carolina hospital on August 20, is there anything in the record to indicate that he was acting in a violent manner?

MR. MURRAY. If your Honor would like to have the original hospital record (handing) --

THE WITNESS: There is nothing specifically about his potential for violence, but there are a number of

1 rmmch 41

Kovacs - cross

242

2 references in the nurse's notes about his being agitated,
3 evasive in his specch, rambling and confused.

4 That is in the nurse's observation notes.

5 THE COURT: Dated when?

6 THE WITNESS: 8/20, 8/21.

7 In the doctor's admission note, "Patient is
8 observed to be a poor historian and confused. Mother
9 states she cannot control him," and the rest is just a
10 physical examination.

11 THE COURT: Would that be a reason for keeping
12 him against his will when he wanted to sign out the next day?

13 THE WITNESS: I think, in light of his
14 agitation and confusion, yes.

15 THE COURT: You would have kept him there?

16 THE WITNESS: Yes.

17 THE COURT: Is this a matter of judgment?
18 Might another doctor disagree with you on that?

19 THE WITNESS: Yes.

20 THE COURT: This was a doctor at the hospital
21 and one who had seen him?

22 THE WITNESS: Yes.

23 THE COURT: And you are expressing your
24 judgment based upon a reading of this record, as distinguished
25 from actual observation of the patient?

1 rmmch 42

Kovacs - cross

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2 THE WITNESS: The doctor who saw him stated
3 that he had undifferentiated schizophrenia, acute
4 anxiety state with confusion, and I think most doctors
5 would not allow this man to go home.

6 Q It is also your testimony that some doctors
7 would disagree and would allow such a patient to be
8 discharged?

9 A Yes.

10 Q Further, would it change your view of the
11 situation if the patient was discharged into the custody
12 of a close family member -- here, of course, the mother --
13 and she said she was going to take him to another hospital?

14 A It would make such an action more acceptable,
15 but it would still not be my acceptable practice.

16 MR. PARKER: I have no further questions, your
17 Honor.

18 REDIRECT EXAMINATION

19 BY MR. MURRAY:

20 Q One thing I forgot to ask you, Doctor:

21 There was mentioned in the record that people
22 were chasing him, persecution, and does this complaint
23 or reaction of a patient also indicate a threat of
24 suicide, within reasonable medical certainty?

25 A The presence of paranoid delusions in a

rmmch 43

Kovacs' - redirect

244

1 in a schizophrenic individual raises the possibility of
2 suicide.
3

4 However, that in itself would not be sufficient
5 to cause a physician great concern about that.

6 Q Does it not become in medical science a
7 certain thin line where poor judgment becomes poor medical
8 practice?

9 A I think I made that point before.

10 MR. MURRAY: Thank you, Doctor.

11 THE COURT: Would any of your answers be
12 different if you were informed the sister testified that
13 she never heard her brother, the patient, threaten to harm
14 himself or her, and the only violent act he committed was
15 ripping a telephone off the wall?

16 THE WITNESS: No. My premise for my answers
17 is based on the welfare of the patient and his potential
18 for recovery and, had he been retained against his will,
19 I think he could have recovered and gone back to useful
20 occupation.

21 THE COURT: All right.

22 Are there any other questions?

23 MR. MURRAY: No, sir.

24 MR. PARKER: I have one last question, your
25 Honor.

rmmch 44

Kovacs - recross

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RE CROSS-EXAMINATION

BY MR. PARKER:

Q Doctor, isn't it true that sometimes, in keeping a schizophrenic patient hospitalized against his will it is of such harm to his self-esteem that it sets back his treatment rather than furthering it?

A I think, generally speaking, that is a risk one takes in employing involuntary restraint of a patient. This man's medical history indicated he had done well at least twice in the hospital, and these were hospitalizations during which he had been requested to be discharged against medical advice and during which he was prevailed upon to stay, and they had reasonably good outcomes, and I think, given that history, it would have made sense to prevail upon him again, going as far as civil commitment, to retain him in the hospital for his welfare.

MR. PARKER: No further questions.

THE COURT: All right. The doctor is excused.

The Court will take a short recess.

(Witness excused)

(Recess)

THE COURT: If the lawyers want to be heard in summation, I will hear them.

MR. MURRAY: There is one other item of

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE	
8/10/72	I have a job, I need to get out, etc.
Cont.	Continues to have difficulty concentrating still hallucinating at intervals; attends group therapy sessions 2X wk but is "Silent."
8/14	Chenck R. 10 ³⁰ am. Failed to return from weekend pass: no call from patient or family. Chenck R.
8-14-72	I The undersigned am signing out of hospital. As per Medical Police Department I cannot be recalled for 90 days.
1 st PM	Cent
	Witness Dr. J. J. J. J. J.
	It was discharged irregularly at 11 A.M.
8/14	Discharged irregularly - request of patient after returning from weekend pass. Chenck R.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give Name, last, first, middle, grade, date, hospital or medical facility)

REGISTER NO.

WARD NO.

DOCTOR'S PROGRESS NOTES

Standard Form 509

509-106

240A

COV. 1007 L. 045 00 53 73 20
6047A PS7 VC ACA 8-20-72
RT 6 2N 1230 SINFORD LG 27570 NETH MTH H
HARY R CON MOTHER 3-13-44
SAME ADD 400-4134
ARMA 50300111 7-15-65 TO 7-14-67 HT
SM LT LEG AND RT FOOT, NERVOUS COND.
CONV 505 130. WARD
SCHIZOPHRENIA

I HEREBY CERTIFY THAT I HAVE BEEN
INFORMED OF THE PATIENT'S STATUS AND
CONDITION AND AM AWARE OF THE
CONSEQUENCES OF THIS ACTION.

V. H. Foyne, Jr.
8-21-72
Robert H. Cox

REMARKS (continued)

AGREEMENT

I hereby agree to assume responsibility for the care and supervision of the patient during this absence and, if required, to return the patient to the hospital in accordance with your instructions.

SIGNATURE (AND ADDRESS IF DIFFERENT FROM PATIENT'S) OF PERSON PROVIDING SUPERVISION

Mary Rachel Cox
(mother)

241A

Approved for release on 08-13-2009

PATIENT NAME	AGE	SEX	RACE	CLAIM NO	SECURITY NO	NAME OF HOSPITAL
COX, ROBERT L.	28	M	N	23190033	246 66 56 78	VAH FAYETTEVILLE NC

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION

This 28-year-old black male, known chronic schizophrenic, with service connection was admitted to the closed ward on 8-20-72. He has had previous hospitalizations at VA Hospitals in New York City starting in 1968 at which time he was a patient there three months. He has had two previous admissions there and is evidently AMA from there as he signed out on 8-14-72. Mother said he doesn't want to work, thinks he has no friends. She does not think he has hallucinations, however,

PERTINENT PHYSICAL FINDINGS and is not violent but wants to be going someplace all the time.

He has not been declared incompetent but he tends to be out of touch with reality at times.

Physical examination unremarkable. No lab work available. Chest x-ray was evidently not done. Treatment consisted of Thorazine 50 mg. t.i.d. On 8-21-72 he demanded to be discharged against medical advice and he was allowed to sign out AMA with his mother signing responsibility for him. She decided she would take him back to New York. He was given an Irregular discharge.

DOCTOR'S PROGRESS NOTES (NOTE: Doctor's orders are on reverse)

FINAL ICD-9 CODE: Enter the letter "X" before the one diagnosis responsible for the major part of the patient's stay. For discharge to nursing care, place the letter "N" before diagnosis responsible for nursing care (e.g., N01.01).

X Dg. 1. Schizophrenic, chronic, undifferentiated.

ICDA
CODE

295.2-

EXAMINATIONS PERFORMED AT THE HOSPITAL DURING CURRENT ADMISSION

None

DATE

11/21/72

DATE	DATE OF DISCHARGE	TYPE OF DISCHARGE	NO. OF DAYS	NO. OF HOURS	NAME OF PHYSICIAN
8-20-72	8-21-72	IRREGULAR	1	30	R. H. HAMILTON, M.D.

10-10000 Dict. 8-23-72 TRANSFERRED MEDICAL RECORD

H. H. Hamilton

APPLICATION FOR MEDICAL BENEFITS
MEDICAL CERTIFICATE AND HISTORY

NOTICE TO EXAMINING PHYSICIAN: It is the policy of the Department of Veterans Affairs to provide medical care to eligible veterans and their families. The purpose of this form is to provide a medical certificate and history for the veteran.

of me age 25

Patient very poor historian - Confused, part of his psychoses. ^{Mother says} he was confined to Psychiatric Ward in V.A.H. N. ^{City - Manhattan District} signed his release. He is in need of care as his Mother cannot control him. Has multiple F.W. left hip & leg & Rt foot Vietnam injuries - 30% disability.

P.X. Head & neck - no obvious pathology. Chest - normal. Heart & lungs normal. Abdomen - obese. No masses. Gt - walks very well in spite of F.W. left leg & Rt foot. Good function of extremities.

Schizophrenic -
undifferentiated
Acute Paranoid State
w/ confusion

TEMPERATURE	PULSE	BLOOD PRESSURE	WEIGHT
98	76	18	BP 136/80

Admit Closed Ward
30

ITEMS 7 THRU 11 AND ITEM 14 TO BE COMPLETED BY VA PERSONNEL

1. ELIGIBLE	2. EMERGENCY	3. GENERAL
☐	☒	☐

L. J. Hunter MD 8/2/72

COX, Bobby L.

246 66 56 73

V. A. HOSPITAL
FAIRFAXVILLE, N.C.

10-10m

Mother in Sanford 499-4134

243A

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

8-21-72 (Mr Schrage, Pharmacist) age 28 SO
Previous hosp. - VAM New York City 23rd St
3 months - 1968 - 3 admissions in
America - SC 50% Schizophrenia.
Admitted at a + 2nd PO - NYC.
Discharged from VAM NYC - 8-14-72.
Signed out AMA - incidentally -
Mother says - he doesn't want to work.
He has no friends - He does
not think he has had schizophrenia -
He is most excellent, but wants to
be going some place as the time.
He has not been declared incompetent.
He tends to be out of touch with reality.
He is
8-21-72 Signed out AMA to mother regarding
responsibility
He is

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first,
middle, grade, date; hospital or medical facility)

REGISTER NO.

WARD NO.

CONFIDENTIAL 240 00 53 70 30
2047A 157 VE ADA 3-20-72
R1 1 2N 1230 SUTORD NO 27730 MATH 2N H
HART R 004 MOTHER 3-12-71
SAME ADD 400-4134
ADNY 5330311 7-12-72 12 7-11-72 HT

DOCTOR'S PROGRESS NOTES
Standard Form 509
509-106

AT
ATLANTA
ILL., I.C.

244A

CLINICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
9/30/78	8:30	P	Admitted c/m age 78 to ch. section. Came to ward via w/c. Pt. appears to be confused. His speech is rambling. Pt's mother states he has been in WAH in New York and signed his release against medical advice. Thorazine 45mg qm stat. Admission done by Mr. McTear M.A. B. Leichter
	10:10		Insists he is on the wrong ward. Wants to talk to Dr. Explained to pt. that the Doctor will talk to him in A.M. B. Leichter
9/30/78	3:20		Out of bed - wanted to see nurse about signing out found out what kind of ward he was on. L. Hildgren Has signed very little paper - doesn't admit that he has been in hospital before. Said it was L. Talk about it - didn't sign out L. Hildgren

Continue on reverse side

PATIENT'S IDENTIFICATION

Typed or written entries give: Name - last, first,
middle, grade, date, hospital or medical facility

REGISTER NO.

WARD NO.

SEN. HOSPITAL 213 03 55 78
 0047A POT VE 201 B-20
 RT 0 PM 10.0 HANFORD NO 27510 HET
 HART R FOR ADHER -13-14
 SAME ADD 430-4134

VAR
 ALELL-
 VILLE.

NURSING NOTES
 Standard Form 510
 May 1969 (Rev.)
 General Services Admin. &
 Int. Agency Comm. on Med. Records
 510-108

NURSING NOTES

(Sign all notes)

DATE	HOURS		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
8/21/72	1 ³⁰		Up + down all night - has not slept - Lying on front of bed and with
	8 ³⁰		phone call to mother - A.C. Murphy M/4 Call to the Conf. and at 10:00 Rd. to the 5000 (f.c) 9:00 (2:00) A. Thompson
			2 ⁰⁰ Mother visited - a short while - Rd. to for the 1st time - A. Thompson
			4 ⁰⁰ A. discharged AMA - Mother Leaving responsibility - Let 11d Child in app. party caution - J. Thompson

INSTRUCTIONS

Item 30—If you indicate in this item that you are entitled to hospital care, please bring to the hospital complete information regarding your entitlements.

Item 35—In territories and possessions of the U.S. and in the Commonwealth of Puerto Rico, applicants not subject to Federal Income Tax will enter the number of dependents to which they would be entitled to claim if subject to this tax.

Item 36a—If you own your home of residence, show its current value, even though considered community property or owned jointly with spouse. If home of residence is part of a farm or ranch, indicate only value of residence and parcel of land on which it is located. Value of balance of farm or ranch will be listed in item 37a.

Items 37a and 38—Include total value of your property, other than your home of residence, or assets even though owned jointly with spouse or held as community property.

Item 39—"Average Monthly Net Income" must include the average total amounts received monthly from all sources, including but not limited to wages, salaries, fees, commissions, bonuses, pensions, earnings other than wages, dividends, interest, annuities, retirement benefits, rents, gifts, public assistance, and income from a business, profession or farm. Do not re-

port separate income of wife or children. In reporting wages or salary, report "take home pay."

If you have rental income, are self-employed or are engaged in the operation of a business or farm, either solely or in partnership with others, report the average monthly net income you received from such sources during the last 6 months. Net income is gross income less the expenses of operating the rental property or the business or farm. Gross income includes both receipts in cash and market value of goods or services received in lieu of cash. Expenses include cost of goods sold (for businesses), normal repairs, taxes, wages of employees, insurance, interest on business debts (but not payment of principal), supplies purchased, and other similar expenses.

Item 41—Information for completing this item will be obtained from the examining physician. Basic Hospital Costs include charges for a semi-private room, board and routine nursing care. Professional fees represent charges for physician's services and other costs are an estimate of all other charges for services and supplies not included in the basic hospital costs and professional fees. All entries in item 41 should be based on prevailing charges in the community.

Item 42—Information for completing this item may be obtained from your insurance policy, agent, or company representative.

REMARKS (This space may be used for any further explanation)

Rm 26 - no work lately -
 V.A. my 5 mo - nervous cond - 68 - Last
 march 1st back V.A. my. for nerves -
 kept back 3 mks ago - wishes to
 get medicine for nerves but not
 so for nerves - Advised to consult
 Winston Saline Concerning ~~same~~
 nerves good he says at present time -
 Bp 120/80, 1986, 868 - also given
 Thiazine while in ny for Bp

Thiazine

~~CANCELLED~~

247A

4.19

Form Approved
Budget Bureau No. 76-ROOM 5

VETERANS ADMINISTRATION

CANCELLATION FOR

APPLICATION FOR HOSPITAL TREATMENT OR DOMICILIARY CARE

☒ HOSPITAL TREATMENT

☐ DOMICILIARY CARE

2. LAST NAME—FIRST NAME—MIDDLE NAME (Print or type) COX, Bobby Lee		THIS SPACE FOR VA USE		3. IDENTIFICATION NO. 246 66 5678	4. WARD NO.
5. CLAIM NO. C-	6. VA REG.	7. TYPE CASE	8. PD. SVC.	9. SOURCE	10. ADM. DATE

11. PERMANENT ADDRESS (ZIP Code) Rt. 6, Box 1230 Sanford, NC 27330 Harnett COUNTY:	12. PRESENT HOME ADDRESS (If different from Item 11) (ZIP Code)	For Administrative purposes only		
		13. RELIGION Meth	14. MARITAL STATUS Single	15. SEX ☐ FEMALE ☒ MALE

PERSON TO BE NOTIFIED IN EMERGENCY		17A. DATE OF BIRTH OF VETERAN 3-13-41
16A. NAME AND ADDRESS (ZIP Code) Mrs. Mary Cox Same as 16A	16B. RELATIONSHIP mother	16C. TELEPHONE NO. 499-4134
		17B. PLACE OF BIRTH OF VETERAN Harnett Co., NC

18. HISTORY OF ACTIVE MILITARY SERVICE (If applicable, also give your present reserve or retired Military Status.)

BRANCH OF SERVICE					
☐ ARMY	☐ NAVY	☐ AIR FORCE	☐ MARINE CORPS	☐ COAST GUARD	☐ OTHER (Specify)
SERVICE NO.	ENTERED ACTIVE DUTY		SEPARATED FROM ACTIVE DUTY		GRADE, ORGANIZATION AND TYPE OF SEPARATION (Indicate if Prisoner of War)
	DATE	PLACE	DATE	PLACE	
386 111	7-15-65	Raleigh NC	7-14-67	Ft Carson Colo	Sp4 Hon HON
From vet Inactive res. ro 1982 14 Jan 2009					

19. HAVE YOU RECEIVED FROM VETERANS ADMINISTRATION		20. MOST RECENT DATES OF CARE, LOCATION OF HOSPITAL, CLINIC, AND/OR DOMICILIARY, AND TYPE OF DISCHARGE, IF APPLICABLE	
☒ HOSPITAL TREATMENT	☐ OUTPATIENT TREATMENT	☐ DOMICILIARY CARE (If checked, fill in item 20)	V.A., Manhattan, NY 1968
21. ARE YOU RECEIVING FROM FEDERAL GOVERNMENT		22. IF ITEM 21 IS CHECKED, GIVE SOURCE, DISABILITY, AND PERCENT	
☒ COMPENSATION	☐ PENSION	☐ MILITARY RETIREMENT PAY	SN, left leg and rt foot 30%
23. MONTHLY AMOUNT RECEIVED FROM SOURCES IN ITEM 21 \$6.15	24. LOCATION OF CLAIMS FOLDER (If applicable) WSMC		25. SOCIAL SECURITY NO. OR RAILROAD RETIREMENT BOARD NO.
26. NAME SERVED UNDER IF DIFFERENT FROM ABOVE, AND PERIOD OF SERVICE UNDER SUCH NAME		27. OCCUPATION Machine Opr.	
		28. DO YOU BELIEVE THIS HOSPITALIZATION IS DUE TO YOUR EMPLOYMENT? ☐ YES ☒ NO	

If application is for hospitalization for a condition resulting in discharge for disability incurred in line of duty, or adjudicated service-connected, VA, ITEMS 29 and 30 SHALL NOT BE COMPLETED.

29. ARE YOU FINANCIALLY ABLE TO PAY COST OF YOUR TRANSPORTATION TO AND FROM HOSPITAL AT TIME OF ADMISSION AND DISCHARGE? ☒ YES ☐ NO	30. IF YOU ARE ENTITLED TO HOSPITAL CARE BY MEMBERSHIP IN A UNION, GROUP PLAN, INSURANCE POLICY, ETC. OR REIMBURSEMENT FOR ITS COST BY REASON OF A CAUSE OF ACTION AGAINST ANY PARTY, GIVE NAME AND ADDRESS OF AGENCY, ORGANIZATION, CORPORATION, OR PERSON (See page 4) None
---	--

31. NAME AND BIRTHPLACE OF FATHER Neil McElberry Harnett liv	32. MAIDEN NAME AND BIRTHPLACE OF MOTHER Mary Cox liv
---	--

33. I DESIGNATE THE FOLLOWING PERSON OR PERSONS IN THE ORDER LISTED TO RECEIVE POSSESSION OF ALL MY PERSONAL PROPERTY LEFT ON PREMISES UNDER THE CONTROL OF THE VA AFTER LEAVING SUCH PLACE OR AT THE TIME OF MY DEATH. (This designation does not constitute a will or transfer of title.)
Same as 16A

- NOTE—The law (38 USC 522 et seq.) provides that upon the death of any veteran receiving care or treatment by the Veterans Administration in any institution leaving no widow, widow, next of kin or heir entitled to inherit, all personal property, including money or balances in bank, and all claims and choses in action, owned by such veteran, and not disposed of by will or otherwise, will become the property of the United States as trustee for the First Fund.
- I AGREE to accept transfer to another hospital if, in the opinion of the medical staff, such transfer is deemed expedient. I understand the questions. The answers to all questions are true and complete to the best of my knowledge and belief. I acknowledge notice of the effect of the above NOTE.

(This application must be signed in all cases)

3-1-76

(Date)

Bobby L. Cox
(Signature of veteran or his representative)

WARNING If you knowingly make a false statement of any material fact in or in connection with this application you are subject to prosecution in a United States Court.

DD 2/20/69 LT 2/25/69
 MISC 21/jlb

248A

7-23190033

Approved procedure 1-5-62

NAME	AGE	SEX	RACE	CLINICAL	DATE OF BIRTH	NAME OF HOSPITAL
OK, Bobby L.	25	M			246 66 55.8	VAH, NY NY 10010

DIAGNOSES (List and number in order of clinical importance all established diagnoses for which treatment was given. Place the letter "X" before the one diagnosis responsible for the major part of the patient's stay. For discharge to Nursing Care, place letter "N" before diagnosis(es) responsible for Nursing Care placement.)

1. Schizophrenic reaction, acute undifferentiated type.

320.4

APPROVED *[Signature]* MD

Major diagnoses noted but not treated

None

OPERATIONS PERFORMED AT THIS HOSPITAL DURING CURRENT ADMISSION

1. ECT. 21 treatments

DATE
 11/20/68
 to
 1/29/69

SUMMARY (Brief statement should include, if applicable, history; pertinent physical findings; course in hospital; treatment given; condition at discharge, date patient is capable of returning to full employment; period of convalescence, if required; recommendations for follow-up treatment; medications furnished at discharge; competency opinion, and name of the Nursing Home, if known.)

This 25 year old patient was admitted with complaints of an elaborate delusional symptom associated with hallucinations. Physical, neurological and laboratory examinations were all within normal limits. Examination of the patient revealed all clinical indications of an acute psychotic disorder. Because of marked agitation and restlessness, it was decided that the patient would profit from ECT. He was given 21 treatments with very marked improvement. The patient was motivated at all times during his hospitalization and presented no management difficulties. At the time of his discharge, the patient was regarded as being medically competent and able to resume some employment. At the time of his discharge, it was felt that impairment was minimal to moderate. The patient has some sensitivity to stress and it is questionable whether he would be able to assume an occupation which was stressful or entailed considerable responsibility. At the time of his discharge, the patient was advised to return to the Regional Office or to get in touch with this hospital, if he became emotionally upset. He did not receive medication at the time of his discharge.

ADMISSION DATE	DISCHARGE DATE	TYPE OF DISCHARGE	INPATIENT DAYS	ARO DAYS	WARD NO.	SIGNATURE OF PHYSICIAN
9/30/68	2/20/69	MHB	136		16S	RICHARD G. JIGGER, M.D.

VA FORM 10-1000 FEB 1968

EXISTING STOCK OF VA FORM 10-1000, NOV 1965, WILL BE USED.

HOSPITAL SUMMARY
 MAF 10-1004 Completed

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

9/30/68

Patient gives vague history of
chrysmas, & pygma - Perhaps world's
while not investigating same.

S. Heller

10/1/68

At adm is active and talks
of 3 days? duration when heard
voice threatening to kill him. At
is agitated, walks in & out of RA
office weeping "my mother's
dead" see "CC" in the office
A. He mumbles, is in poor contact,
feels to respond to ques. in
erratic & not always coherent.

B. Evident thought disorder

C. weeps, act depr & tense,
affect depr to content, seen denied.

D. Feels someone is trying to kill
him, mother dead etc. Hears
"voices" which frighten him.

(Continued on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first,
middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

COX BOBBY I
24666 5678

COX, BOBBY

VH NY NY 16 S

DOCTOR'S PROGRESS NOTES
Standard Form 509
509-100

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

11/16/68 Appears better controlled.
Can restrain self. *Sign*

11/18 Very agitated, ranges on
unstable, tries to break
through, & unable to
communicate. Can
rest to bed

11/14. Called Corrine + 10/10 & asked
her to come for him. Sister says
he got to remain. PT remarkably
fine, vital & joyful etc. *Sign*

11/18/68 Markedly Confused. Again fearful
delusion, "Mother is dead" &
feels that he will be killed.
Is desperate & fearful, tries
wounds etc. Can R to sedate.
Sign

251A

CLINICAL RECORD

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
4/3/68	3:30	12	No change noted in pt still lying glad for contact, at night for sleep J. Sullivan
10/14	12/8		Patient began coughing very bad (11:00) Nurses notified, pt was in room 301 476-55-20 J. Sullivan
10/14		2	Patient appears to be in a depressed mood on this time stated he does not feel well sitting around not socialize with other pts. M. J. Sullivan
10/16	12/10		Pt states that he's looking better and wants to go home. Helped pt into car in ambulance helped across to room. Smiled with other some conversation while G. & T. talked briefly I saw other pts, worked alone. J. Kelly, S.N.
10/17	12/11		Pt seemed pleasant & polite on contact. J. Sullivan J. Sullivan G. & T. made requests of the Nurses for materials needed. After asked about 2 hrs later only in room, still not out of room just about out of room most of time J. Sullivan

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first,
middle, grade, date; hospital or medical facility)

Continue on reverse side

REGISTER NO.

10 1 53

WARD NO.

COX 33381 L

245 65 5578

NURSING NOTES

Standard Form 510
510-107

844 NY NY 15 3

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS (Include medication and treatment when indicated)
	A.M.	P.M.	
10/24			could remember last pt. Borky's name and was not nervous under pressure. Sitting in lounge after lunch. In room 200, about 7:30 hrs. Smiled often, offered comments occasionally seemed to be concentrating on game because he would look either at cards or other player, not around room. Was also invited to play ping-pong by Kelly S.W. (indoor). On pass in sister's custody Robert
10/26	9		Returned from pass 8 pm nice day mother and sister brought him back. B. Kinnick
10/31/65	11-12	130	Sitting by himself in ST. Room 200 "I wish I was happy." After working on project E of Borky, was very appreciative to going but otherwise found expression was sad. He was & other pts. in card room but seemed to appear sad & dejected. He had been sitting at desk for 2 days of work in house. Kelly

CLINICAL RECORD	NURSING NOTES (Sign all notes)
-----------------	-----------------------------------

DATE	HOUR A.M. P.M.	OBSERVATIONS Include medication and treatment when indicated
------	---	--

10/23	7	Continuing to have some voice after 1 hr. - (Singing) "I'm a little bit better" - 2:00 PM
	10	Appears to be very content. Says that we are all after him. Seems like he enjoyed singing. We're not singing. The nurse says 1 m. ago.

11/15	11:45	Patient observed in bed room & bed on table. Approached patient and engaged in conversation. Patient was fearful and very anxious when pressed by question for clarifying his statements. Said he was married about two months that his heart is poor. Also fearful that "three people" will kill me. Presented this latter statement said he had lived and married in New York. Thought his room mate was a friend but wasn't one. Talking about the people who committed harm from 1942
-------	-------	---

PATIENT'S IDENTIFICATION (If typed or written entries give Name - last, first, middle, grade, date, hospital or medical facility)	REGISTER NO.	WARD NO.
COX BOBBY L 246 56 5678		NURSING NOTES Standard Form 510 510-107

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
			arrived up in Acute, Home Care - Although appearing beautiful but wasn't comfortable. Expressing strong desire to be transferred to a VA Hospital in North Carolina. He is saying he left home and came to New York. He says his friends had home life. He & few friends here. Also his girl friend he gave her to visit visiting him and according to patient is not leaving him still maintains. <i>Harriet H</i> Patient's behavior reported to Head Nurse. Patient to be observed closely and to be seen by Dr. Singer. <i>Harriet H</i>
			<i>Dr. Singer</i> Thiazine 100 mg po com. gen. <i>Dr. Singer</i> Out on pass in custody of <i>Dr. Singer</i> <i>A. Rodriguez</i>
4/3/68	9 ¹⁵		Returned from pass & notes of being nervous and unable to sleep unless out in car. <i>Dr. Singer</i>

255A

CLINICAL RECORD

NURSING NOTES

(Sign all notes)

DATE

HOUR

A.M.

P.M.

OBSERVATIONS

Include medication and treatment when indicated

11-6-68 11:00 PM IT seems you want to go home. I'll try to get you home. 7. Kelly S N.

11-6-68 1 PM pt seems O.W.P. has not been seen since 9:30 believe pt left hospital and and went home. ~~perfection~~

11-6-68 3 PM The doctor on duty given 1/2 and 1/2. Patient has returned to ward stated she was down in treatment room of the hospital because she wanted to be alone to think. Was instructed not to do this in future if needed like this to control the staff. ~~perfection~~

11-7 1 PM (Paterson) leaving pass with C.T. due back 11/7/68 at 11 PM. ~~perfection~~

11-7-68 Patient appears to be less nervous stated that he felt much better today socialized with other pts on this tour.

11-8 10⁰⁵ PM Became restless & tearful @ OT and wanted leave. On the way back to the ward pt ran toward window bang it with his fist tried to open it trying to escape.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle, grade, date, hospital or medical facility)

REGISTER NO.

WARD NO.

NURSING NOTES

Standard Form 510
510-107

COX 3095Y L
246 66 5678
3 13 43 P-METH

VAT NY NY 16 5

NURSING NOTES

(Sign all notes)

2564

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
11/8	10:30		Brought back to ward with reluctance. Patient wished to leave, forgot. Put in bedroom very reluctant to give up evening - please in occasion. Took 25 mg of meprobamate 11:15 11:15 getting upset by in discussion - 11:15 (dispute) for for lunch - Requested by observed - Anti-D. Sign. In discussion per - appears more relaxed after "m" injection. Patient contacted frequently and reassurance and support given. Patient placed on night, sitting well still very depressed and withdrawn. In discussion
11/8	10:30		At mid afternoon in rough instructions, is repeating the same, kept out this time. E. Jones, 1st Living words, at times seems more content and organized in his thinking then changes to becoming depressed saying shells, getting more insight into problems, attending group therapy 3x wk - H. Jacobs.
11/10			

© GPO: 1961 O-567827

NURSING NOTES
Standard Form 510
(Reverse)

NURSING NOTES

(Sign all notes)

257A

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
1/2/50			PT slept till 7:30 was awake from then on. PT refused to eat Breakfast. B.P. 120/50. Patient went into J.C. center. Armistice went to window, pushed up screen and tried to push himself through window. Patient was apprehended by L.P.N. Mr. Rodriguez. Patient placed in seclusion room in restraints. L.P.N. Sanchez NPOD notified. Patient appears very paranoid, thinks staff are talking about him - back to his old idea that his Mother and Sister are dead. Support and reassurance given frequently. Closely observed.
1/2/50	3:30		Seen by Mr. Sanchez NPOD - J.C. N.
1/2/50	4:30		Thiazide 50mg IM injected. B/P 120/50 prior to injection.
1/2/50	5:30		Resting quiet after injection.
1/2/50	11:00		Medication Rx as usual. Bed - 11:00 AM

CLINICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
			and cooperative this time. No complaints.
			R. Stevenson
11-21-63	7:35		Plt. slept most this time, up at 6:00 a.m. for shower and A.M. care. appeared to be confused and frightened, asked several questions. L. Jackson, M.D.
11-21-63	9:30-10:30		Plt. was lying down in bed at night, but was seen sitting up, wearing a hospital gown, no covering. Had a "don't touch" sign on his chest. He was "tired" of his mother who had wanted to get him home, was not going to hurt himself. Looked at his mustache & his hands. Turned into bed, looking straight ahead, eyes moderately opened. Occasionally looked at water. Little oral communication at this time. EE Pressing lips together. 9 Kelly, S.N., Baltimore.
11/21			Confused, delusional thinking still. persistent suspicious, wants to leave hospital needs constant supervision due to compulsive behavior. Seclusion room in-out at intervals to wash room and for food to meal house (Cherry). PATIENT'S IDENTIFICATION (For typed or written entries only. Name—last, first, middle; grade, date, hospital or medical facility) 246 66 56 3 13 43 P-METH REGISTER NO. VA 1 17 WARD NO. 1

MEDICAL CERTIFICATE

(NOTE TO EXAMINING PHYSICIAN—History, symptoms and physical findings must be recorded in sufficient detail to support clearly the diagnosis. If additional space is needed, use reverse side.)

45. BRIEF HISTORY, SYMPTOMS AND PHYSICAL, LABORATORY, X RAY, ECG AND OTHER FINDINGS (Attach reports if available)

Has been hospitalized in N.Y.C. V.A. for "nervous" /
3 months + diagnoses Feb 69. Had E.S. for
pals under expert hands. —
Hospital offered but that he will come
back tomorrow or go back to N.Y.C.?

47. DIAGNOSIS (See note to examining physician above)

Schizophrenia

48. SURGICAL PROCEDURE REQUIRED

49. ESTIMATED NUMBER OF DAYS HOSPITALIZATION WILL BE REQUIRED

CAN APPLICANT DO THE FOLLOWING		YES	NO	CHECK EACH OF THE FOLLOWING		YES	NO
50. DRESS AND USE LAVATORY WITHOUT ASSISTANCE?				54. IS APPLICANT INCONTINENT?			
51. ASCEND AND DESCEND STAIRS?				55. IS APPLICANT AMBULANT?			
52. FEED HIMSELF WITHOUT ASSISTANCE?				56. IS APPLICANT MENTALLY COMPETENT?			
53. OPERATE A WHEEL CHAIR WITHOUT AID? (Leave blank if not applicable)				57. IS ATTENDANT NEEDED DURING TRAVEL?			
57. METHOD OF TRAVEL RECOMMENDED				58. IS ATTENDANT A RELATIVE OF THE APPLICANT?			
☐ TRAIN OR BUS ☐ AMBULANCE ☐ PRIVATE CONVEYANCE				60. NAME AND ADDRESS OF PROPOSED ATTENDANT			
61. SIGNATURE OF EXAMINING PHYSICIAN				62. DATE OF EXAMINATION		63. ADDRESS OF EXAMINING PHYSICIAN	
<i>[Signature]</i>				2/11/70		V. A. HOSPITAL- FAYETTEVILLE, N. C.	
NAME AND IDENTIFICATION NO.						64. TELEPHONE NO.	

INSTRUCTIONS—If this application is to be referred from V.A. Station to which originally submitted, stamp name of referring V.A. station in the margin below.

262A

Approved by Bureau of
Exception SF 50
Budget
October 196

PATIENT'S NAME COX BOBBY	AGE 28	SEX M	CLAIM NO. C-23190033	SOCIAL SECURITY NO. 246-66-5678	WARD NO. 1-2	NAME OF HOSPITAL NYU HSP
------------------------------------	------------------	-----------------	--------------------------------	---	------------------------	------------------------------------

DIAGNOSES (List and number in order of clinical importance all established diagnoses for which treatment was given. Place the letter "X" before the one diagnosis responsible for the major part of the patient's stay.)

Schizophrenic Reaction, Chronic undifferentiated type

Major diagnoses noted but not treated

CODED 8-25-72	DATE 8-25-72	INITIAL SA
Cleared Pepper		
Al Singer		

OPERATIONS PERFORMED AT THIS HOSPITAL DURING CURRENT ADMISSION

DATE

(PMR) EVALUATION - THERAPY

SUMMARY (Brief statement should include, if applicable, history, pertinent physical findings, course in hospital, treatment given, condition at discharge, date patient can resume pre-hospital activity, recommendations for follow-up treatment, medications furnished at discharge, and competency opinion.)

A 28 y/o M. S. Pt advised to come to the hospital by sub:
admission of cc of he is getting violent and outbursts, hallucin
atory insomnia started on 1968.
Pt stopped job in U.S.P.O.
Very psychotic & delusional, hallucinations, refused answer
ing to personal questions, keeping away from staff during
hospitalization.
No remarkable physical or lab studies finding.
During hospitalization was complaining of 4 cal. per day that
x-ray and orthopedic consultation was done.
Pt was on Thorazine 120 TID.
Discharged irregular, request of pt after returning home was
and was no medication on 8-14-72

ADMISSION DATE 1-19-72	DISCHARGE DATE 3-14-72	TYPE OF DISCHARGE Irregular A.M.	INPATIENT DAYS 26	SIGNATURE OF PHYSICIAN S. G. Korman, M.D.
----------------------------------	----------------------------------	--	-----------------------------	---

VA Form
NOV 1965 10-1000EXISTING STOCK OF VA FORM 10-1000,
NOV 1964, WILL BE USED.

HOSPITAL SUMMARY

VETERANS ADMINISTRATION
APPLICATION FOR MEDICAL BENEFITS

MEDICAL CERTIFICATE AND HISTORY

NOTICE TO EXAMINING PHYSICIAN—History, symptoms, and physical findings must be recorded in sufficient detail to support the diagnosis. If additional space is needed, use reverse side.

1. BRIEF HISTORY, SYMPTOMS AND PHYSICAL, LABORATORY, X-RAY, EKG AND OTHER FINDINGS (Attach report, if available.)

pt. w/ previous NP hosp.
for S/R now brought
in by a sister because
pt. is getting violent.

NP consult

DIAGNOSIS S/R w/inf. type		TEMPERATURE	PULSE	RESPIRATION	BLOOD PRESSURE
2. Check as appropriate regarding applicant:		3. SIGNATURE OF NON-VA EXAMINING PHYSICIAN		3A. TELEPHONE NO.	
A. CAN CREEP AND USE LABORATORY WITHOUT ASSISTANCE				4. DATE SIGNED	
B. CAN ASCEND AND DESCEND STAIRS					
C. CAN FEED HIMSELF WITHOUT ASSISTANCE					
D. CAN OPERATE A WHEELCHAIR WITHOUT ASSISTANCE					
E. INCONTINENT		5. SURGICAL PROCEDURES INDICATED			
F. IS AMBLYOPE		6. IF VETERAN WILL REQUIRE SPECIAL TRANSPORTATION, INDICATE K AND			
G. INCONTINENT					
H. NEED ASSISTANCE DURING TRAVEL					
I. NEED ASSISTANCE WITH ATTENDANT					
ITEMS 7 THRU 11 AND ITEM 14 TO BE COMPLETED BY VA PERSONNEL					
7. SIGNATURE OF EXAMINING PHYSICIAN		8. HOSPITALIZATION		10. SIGNATURE OF VA PHYSICIAN	
☐ ELIGIBLE ☐ NON-ELIGIBLE		☐ EMERGENCY ☐ GENERAL ☐ LEAVE ☐ NOT REQUIRED		11. DATE SIGNED	
12. FULL ADDRESS		13. IF APPLICATION IS REFERRED FROM A VA HOSPITAL, ENTER NAME OF REFERRING VA STATION		14. DATE SIGNED	
Cox, Bobbe		241. 11. 5078		7/14/72	

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
			hearing voices would not record what the voices told him to do, passing a great deal of the time playing a few games of Chess. M. Jackson
			Patient assumed a class on this time. Condition reported to H. Surge.
			Patient dancing at times when music - restless and appeared tense. Hirsine
10/2			9 th Black Hydrazide 5m + K. E. S. 10/2
10/4	3 ³⁰	12 ¹⁵	It continues to be confused was visited by mother after 4 th mother left patient insisted the visitor was not his mother. P.M. had 9 ^{PM} . J. Harkworth
11-3-68	12 ²⁵		Received this pt. in unaltered condition, not interested in anything at this time. J. Harkworth
	7 ³⁰		While mother was talking to pt. about this pt. told me going to "strike the same store all my life" pt. then told his 1st name and asked if the name was right. but we did not care what he was talking about. J. Harkworth
			pt. then told us he was a "black" to make his bed. Went to his room and Remained to do so. W. Peter

CLINICAL RECORD

NURSING NOTES
(Sign all notes)

DATE

HOUR

A.M.

P.M.

OBSERVATIONS

Include medication and treatment when indicated

went to his room to contact him. Patient
 appeared tense and stated "I'd like
 to tell someone about it but I'm
 afraid to". Approached, being frightened,
 huddled on his bed with pillow over
 his face. "I tell anyone, they'll
 kill me. Shopped and reassured
 him. Patient also stated he hears
 people talking about him. (Hearing
 delusions depressed. Went to Group
 Therapy - Aud. in Group. Hearing
 Patient drugged and sleeping this
 afternoon. Closely observed. He is

4/3 11 12

10/3 11 12

P. lying on bed eyes closed when first encour-
 aged. Stated he was "worried" but was
 unable to say about what. Frequent jerking
 of hands, combing hair, picking hands.
 Eventually got on edge of bed, requested
 cigarette. Stared ^{watch} at the eyes of this
 nurse many times. ~~Taken~~ stated that

PATIENT'S IDENTIFICATION

(For typed or written entries give Name - last, first,
middle, grade, date, hospital or medical facility)

Continue on reverse side

REGISTER NO.

WARD NO.

NURSING NOTES

Standard Form 510
510-107

10-1-53

COX ROBERT L
246 66 3613

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
			that he would kill him. Stated he was hearing voices but that he <u>couldn't</u> tell this under what they were saying because the man could hear the everything that he (Mr. Cox) was saying and would tell him if he told what they voices were saying. Frequently mentioned a girl named "Anita"? Said he loved her, but didn't know if she loved him. Said he had to talk to her, that she had a son who looked like him. Asked if his mother was dead a few times. Said he "git" she was dead. G.W. to Summer Sleeping @ 1:35 - 2:00 J. Kelly, Shidun
10/4	7 ³⁰		patient appeared nervous and tense this early part of hour. Helped with clothes and made up a bed. Stated he used to be a success and

268A

CLINICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
10/21		7	Can't find clothes to give after him. Giving, probably to give to sister.
		1	
		10	Agrees to be seen. Says that will see all after him. Says like he hasn't seen. One note: one thirteen 50 mg. 1 m. given.
11/1/78	11A		Patient observed in food room & food on table. Appeared to be engaged in conversation. Patient was treated and very agreeable when pressed by nurses for clarifying his statements. Said he was married about his mother that her health is poor. Also fearful that "three people" will kill me. Recounted this latter statement said he had been and married in Hawaii. Thought his room mate was a friend but wasn't true. Talking about the people who could do harm to him.

PATIENT'S IDENTIFICATION

(For typed or written entries give: Name - last, first,
middle, grade, date, hospital or medical facility)

REGISTER NO.

WARD NO.

CCX BEEBY L
246 66 5678

NURSING NOTES
Standard Form 510
510-107

VER BY

NURSING NOTES
(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
			mixed up in racketeering, crime - Although apparently peaceful but was'nt. Expressing strong desire to be transferred to a VA Hospital in North Carolina. He is being left home and care to New York. He needs his friends and home life. Had few friends here. Also his girl friend he gave her to visit visiting him and according to patient isn't seeing him child marriage. <i>H. P. ...</i> Patient's Librarian reported to that Bureau. Patient to be observed closely and to be seen by Dr. Suriga. <i>H. P. ...</i>
			<i>P</i> Therapy is in progress. <i>H. P. ...</i> Out on pass in custody of <i>H. P. ...</i> A. ... <i>H. P. ...</i>
11/2/68	9:15		Returned from pass a while ago being unable to sleep while out on pass. <i>H. P. ...</i>

CLINICAL RECORD

NURSING NOTES

(Sign all notes)

DATE

HOUR

A.M.

P.M.

OBSERVATIONS

Include medication and treatment when indicated

11-6-68 9:30

PT arrived home at 10:15. (Name) reported
T. 100.5, pulse 100, respirations 20, BP 110/70. S.N.

11-6-68 11:00

PT received O.D.P. has not been seen
since 9:30. Believing PT left hospital
and went home.

11-6-68 11:15

Memorandum given to (Name) at 11:15. (Name)
has been instructed to (Name) at 11:15.
Memorandum in (Name) at 11:15.
Memorandum in (Name) at 11:15.
Memorandum in (Name) at 11:15.
Memorandum in (Name) at 11:15.
Memorandum in (Name) at 11:15.
Memorandum in (Name) at 11:15.
Memorandum in (Name) at 11:15.
Memorandum in (Name) at 11:15.
Memorandum in (Name) at 11:15.

11/7 11:00

Paterson leaving prison with O.T.
Back 11/7/68 at 11:00. (Name)

11/7/68

Patient appears to be less nervous.
Stated that he felt much better today.
Socialized with other pts on this tour.

11/8 10:00

Became restless & tearful @ O.T. and wanted
leave. On the way back to the ward, PT ran
toward window bang it with his fist.
tried to open window trying to escape.

PATIENT'S IDENTIFICATION

(For typed or written entries give: Name - last, first,
middle, grade; date, hospital or medical facility)

REGISTER NO.

WARD NO.

NURSING NOTES

Standard Form 510
510-107

COX B0351 L
246 66 5678
3 13 43 P-METH

271A

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

ADP

FROM: (Requesting word, unit, or activity)

Admission

DATE OF REQUEST

3/2/77

REASON: (Indicate type of request and purpose)

hearing aides

PROVISIONAL DIAGNOSIS

Major depression

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ BEOSIDE

☐ ON CALL

☐ EMERGENCY

☐ ROUTINE

CONSULTATION REPORT

This 29 year old negro male, in employment
C.R. I am nervous. "I am worried"
He had had previous hospitalizations for
acute S.R., and he had had shock
therapy and he discharged with good
result after ECT.

At present time, depressed, cooperative,
speech disconnected, auditory hallucinations
and persecutory ideas, affect inappropriate.

Requires hospitalization

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S IDENTIFICATION (For type of written entries give: Name—last, first,
middle, date, grade, date, hospital or medical facility)

REGISTER NO.

WARD NO.

CONSULTATION SHEET
Standard Form 513
513-104

Cox Debbie Lee

246-66-5678

1 # 23190053

DD 2/20/69 DT 2/26/69
HSC 21/jlb

272A

PATIENT'S NAME COX, Bobby L.		AGE 25	SEX M	RACE W	CLAIM NO. C-	SOCIAL SECURITY NO. 246 66 568	NAME OF HOSPITAL VAH, NY NY 10010	Approved signature to
DIAGNOSES (List and number in order of clinical importance all established diagnoses for which treatment was given. Place the letter "X" before the one diagnosis responsible for the major part of the patient's stay. For discharge to Nursing Care, place letter "N" before diagnosis(es) responsible for Nursing Care placement.)								

X1. Schizophrenic reaction, acute undifferentiated type.

APPROVED: *[Signature]* MD

Major diagnoses noted but not treated

None

OPERATIONS PERFORMED AT THIS HOSPITAL DURING CURRENT ADMISSION

1. ECT. 21 treatments

DATE
11/20/68
to
1/29/69

SUMMARY (Brief statement should include, if applicable, history; pertinent physical findings; course in hospital; treatment given; condition at discharge; date patient is capable of returning to full employment; period of convalescence, if required; recommendations for follow-up treatment; medications furnished at discharge; competency opinion; and name of the Nursing Home, if known.)

Thos 25 year old patient was admitted with complaints of an elaborate delusional symptom associated with hallucinations. Physical, neurological and laboratory examinations were all within normal limits. Examination of the patient revealed all clinical indications of an acute psychotic disorder. Because of marked agitation and restlessness, it was decided that the patient would profit from ECT. He was given 21 treatments with very marked improvement. The patient was motivated at all times during his hospitalization and presented no management difficulties. At the time of his discharge, the patient was regarded as being medically competent and able to resume some employment. At the time of his discharge, it was felt that impairment was minimal to moderate. The patient has some sensitivity to stress and it is questionable whether he would be able to assume an occupation which was stressful or entailed considerable responsibility. At the time of his discharge, the patient was advised to return to the Regional Office or to get in touch with this hospital, if he became emotionally upset. He did not receive medication at the time of his discharge.

ADMISSION DATE 9/30/68	DISCHARGE DATE 2/20/69	TYPE OF DISCHARGE MHB	INPATIENT DAYS 136	ABO DAYS	WARD NO. 16S	SIGNATURE OF PHYSICIAN <i>[Signature]</i> RICHARD G. SINGER, M.D.
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VA FC-10
FEB 1968 10-1000

EXISTING STOCK OF VA FORM 10-1000, NOV 1965 WILL BE USED.

GPO : 1968 O - 305-183 (226)

HOSPITAL SUMMARY
UAE 10-1004 Completed

273A

CLINICAL RECORD

HISTORY—Part I

NATURE AND DURATION OF COMPLAINTS (Include circumstances of admission)

age 25 "my mother is dead, someone told
adm 9/30 me, like someone talking to me
it scared me" Sister had reported my
adm that pt felt FBI after him, he
was wandering in the street, felt
depressed, quit his job 1 day PTA
"talk crazy" "feds ppl are after him"

HISTORY OF PRESENT ILLNESSES

pt states walked into pt & heard "if Bobby
doesn't leave that girl alone we will
kill him" scared ran to friends, went to
police & complained that someone had tried to
kill him, police called sister who came
for him → here. . pt states advised to
go to VAH Fayetteville NC but never went.
He is unable to answer questions at present.

(Continue on reverse side)

PATIENT IDENTIFICATION (For typed or written entries give: Name—last, first,
middle, grade, date, hospital or medical facility)

REGISTER NO.

WARD NO.

CCA B788Y L
246 60 5078

HISTORY—Part I

Standard Form 804
504-103

374

CLINICAL RECORD		CONSULTATION SHEET	
REQUEST			
TO:	FROM: (Requesting ward, unit, or activity)		DATE OF REQUEST
REASON FOR REQUEST (Complaints and findings)			

PROVISIONAL DIAGNOSIS

Depression

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL	☐ EMERGENCY ☐ ROUTINE
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CONSULTATION REPORT

24 yr old M - sitting quietly - silent - Came in with sister - Came says from I.C. March 1968. Has been working operating machines in various plants. Quit working last night - His sister says he feels people are after him. Cries & talks crazy.

24 yr old M - depressed sad - Talks coherently when pressed - Deceased Psycho-motor activity. Wants to see R.I. before he kills anyone. Hates of the few men - People are after him. Subtracts 72-100 - General app. O.M. Properly concrete -

Dr. Depressed Reaction
Unstable
S-R C P T

Admit to Hospital

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION
<i>Dr. [Signature]</i>	<i>9/30/68</i>		
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.

Copy Billy L
246-66-5678

NURSING NOTES

(Sign all notes)

OBSERVATIONS

Include medication and treatment when indicated

DATE	HOUR		
	A.M.	P.M.	
11/8	10 ⁰⁰		Brought back to ward with reluctance. Patient Refused to wear gown CT was... ...to leave floor. Patient ...to give up own ...in occasion. ...at 6:05 P.M.
11/9			12N Starting Gown by in Distention - 11R "Liberal" for lunch - Frequently observed - Anty D. Signs In admission per - appears more relaxed after "Injection". Patient Resisted frequently and reassurance and support Person
11/10	7 ³⁰		" Patient threat of capital action will with very depressed outlook. Person
11/10	10 ⁰⁰		It need who in such indications is exhibiting the ... signs of this type E. Viro... Living words, at times seems more content and organized in his thinking then changed to becoming depressed saying spells getting even enough with problems, attending group therapy Bx lab - H. X-rays

NURSING NOTES
 Standard Form 51

QUESTING NOTES

(Sign all notes)

[illegible]

CLINICAL RECORD

200

OBSERVATIONS

OBSERVATIONS
 Include medication and treatment when indicated

277A

CLINICAL RECORD

NURSING NOTES
(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
3/1/76	03	4	1st visit as per order this time sister and aunt in to visit him today. B. B. Harrison
3/1/76	10	15	Agitated + anxious. DDD notified Chloral hydrate, 10m + 10m given for sleep. Pt. suspicious, asking @ medication although he requested medication. flat, 10
3-10-76	1	30	Pt up at 5 am says he could not sleep any more tonight. wanted to smoke a cig. Very quiet + relaxed.
3/1/76			Thomas B. Harrison Pt. still very anxious about flying back home. wants to leave but father he can't because of his mother still very pleasant on contact B. Harrison
3/1/76			Pt still very anxious about leaving the office, says he wants to leave early. B. Harrison

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first,
middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

NURSING NOTES

Standard Form 510
510-107

CPA 0033Y L
246-66-5678
3-13-74 METH

CLINICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
3/14/71		11:30	Patient has been no management problem this time. He spent a night at home. When asked his behavior was a little better but no attempt made to leave ward. Appropriate to suggest was good. V R R. R. R. R.
3/15	2/5		Pt slept well was up about 5 AM to kitchen & eating suspiciously, no word prob-ly Friday
3-15-71	3:30		Appears depressed, especially after visit to family, but made no attempt to leave. He left for long period at home. Watched TV, not available to talk when approached. B. Riley T. M.
3/16	2/5		Pt slept well this time, said he felt better. He went to get out & get a job. seems very much better. Friday

Continue on reverse side

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

CCY 0000Y L
200-66-5678
7-13-66 MTH

NURSING NOTES
Standard Form 810
510-107

(Sign all notes)

WEIGHT CHART

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES
(Sign all notes)

881A

DATE

8/10/72
Cont.

It is a job. I need to get out. It
continues to have difficulty concentrating
still hallucinating at intervals, attends
group therapy sessions 2x wk but is
"Silent."

8/14.

10³² AM Failed to return from medical floor:
no call from patient or family. Chagnick RN

8-14-72
1³⁵ PM

The unconscious on again at
hospital Against Medical Advice
Doubtful cannot be contacted by
or by.

WITNESS

Dr. J. J. J. MD

It was checked irregular 2:11 A.

8/14.

Discharged irregular - request of
patient after returning from medical
floor. Chagnick RN.

(Continue on reverse side)

PATIENT IDENTIFICATION (For typed or written entries Give: Name - last, first,
middle, grade, date, hospital or medical facility)

REGISTER NO.

WARD NO.

DOCTOR'S PROGRESS NOTES
Standard Form 509
502-106

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

3/10/70

Admits and tells -
"I don't know what will happen"
Assures me he will not
elope

3/11/70

Tried to leave 2x 5 p.m.
Very tense believes interrogated
an employee etc.
ress and - very tense

3-14-70

He has been trying to leave hospital
several times today. We noticed
that every body here were laughing at
him and bothering him. Also that his
stay in the hospital makes him nervous.
He told us that but insists on leaving hospital.
Ordered to be put in seclusion but Dr. [unclear]
[unclear] [unclear]

Wink

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE

Especially "happy" - no "unusual
ideas", socially as a child.
Now mentions pt has headaches.

11/5/68 Continues to improve. Seems to do well
in D.T. Not very articulate

11/11/68 Some agitation evident. Denies fears
re Mother's health but talks of "people
in Newark wanted to kill me because
the girl I was engaged to was not getting
enough \$" - pt very perplexed, says
little, does not vigorously deny
"voices" - later says hears them
when relaxed - sits at home
& watches TV on weekends.

Dr Thorazine 200 & Cogentin.
ECT might be of help.

Singer

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first,
middle; grade; date; hospital or medical facility)

REGISTER NO. 69

WARD NO.

COX 31001 L
246 66 5615

DOCTOR'S PROGRESS NOTES
Standard Form 509
509-106

VAN NY NY 16 5

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

11/6/68

Appears better controlled.
Calm restoring sleep.

Singer

11/8

Very agitated, bangs on
windows, tries to run,
weeping, + unable to
communicate. Am
restr. to bed

11/14.

Called Cousin + 10/10 + asked
her to come for him. Sister says
he got to remain. Bt markedly
lame, dilated pupils etc.

Singer

11/18/68

Markedly Confused. Again fearful
delusion, "Mother is dead" +
feels that he will be killed.
Is desperate + fearful; tries
windows etc. Am R to sedate

Singer

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE

7/22/72

Age 28 Adm 7/19 Adm encouraged
by wife. Stopped job in U.S.P.O.
from PTA. Remained at home,
some drinking, fears, nervous,
irritable & 'tore phone from wall.

Very paranoiac 69 & 70 & Hallu-
cinations. Was employed since. His
attitudes of denial & defensiveness,
never wishes to remain in
hosp. Refuses to answer
"Personal" questions. Currently
alone, with severe hallucinations &
delusions.

dx Schizophrenia

Anger

7-20-72

no contact in recent past. He has been
at the home of V.A. Ward
S. C. P. Ward

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE

7/21/72

Out of the ward most of the evening with alcohol breath when returned to the ward at about 8:30 pm.

7/22

Confronted with having "Direct alcohol" on pages 7/21 - 7/22. Still refuses to talk about S. J. Thompson.

7-23-72

He at to talk to me and later changed his mind and went to talk to D. Singer.

S. J. Thompson

7/24/72

Now interested in retirement from USPO + increasing disability of Schrapnel wound of left calf. Still "hears voices". Apparently hallucinated in office.

7/29.

Continues to be preoccupied, states he is hearing voices at times, pleasant when approached but guarded when asked questions about himself at times. Seems inappropriate smiles when his talking about it. (Continue on reverse side) observed to be

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
9/30	7:30	12	Pt. admitted 6 PM. Appears depressed in bed all evening up turned to bath room had to be led, staggering gait. F. Haskins with N/A
10/1/68	1:30		Patient slept all night, on waking gave urine specimen, pleasant in contact, no complaints. — C. Reed
10/1	8:45		Became very tearful at breakfast + ate very little. Pt kept repeating "They don't believe me" He stated later that he wanted to contact Ch. F.B.I. E. Roberts
			Very depressed. Thinks his mother is dead. That I belong to the U.S.I. and we have headquarters in New Jersey. "Somebody is out to get me." Said that took a bunch of sleeping pills last night. The kind that you buy in the pharmacy without prescription. A. Ludwig
			C

CLINICAL RECORD

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
11-11			No marked change continues to have sweating mounds, also urge to leave hospital needs supervision and support given by nursing staff.
11-11-58	12:30	4	Patient still very pleased at contact etc. will not change protocol. <i>[Signature]</i>
11-13-58	10-11		Pt. was alert, & fast joint muscles; not reporting what occurred. Later, in ward room, he allegedly began playing cards and covered his face & his hands. When asked what was the matter, he stated that he was thinking about Newark, and wanted to go home; said his is "no just" in the North. Later went to window; what is seen, stood there. Immediately then returned. Said he wanted to go for a walk. Walked to windows near elevator. Not there approx. 15 min. Standing outside window, occasionally speaking. Said he hoped he would soon go home. Later appeared to be more aware of environment, noted people passing, appeared to be satisfied. M. Kelly, S.N. <i>[Signature]</i>

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first,
middle, grade, date; hospital or medical facility)

REGISTER NO.

WARD NO.

COX BOBBY L
246 66 5678
3 13 43 P-METH

NURSING NOTES
Standard Form 510
510-107

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
11-30-68		1-2	Pt. was observed to move away, on up hallway in bed, when he heard footsteps. When asked if he was anyone he said "I don't know" "I heard" "I don't know" to many questions. Later reported that he played basketball but also stated that he doesn't feel like playing at a short while. He attempted to drop glass from which he had drunk water, not matches, and an cotton applicator which had been coated w/ vasoline & given to him because his lips are very dry. Stated that his throat is very dry. M. Kelly, S.N. Wickmore.
11-22-68	7 ³⁰		Also walking toward the door of his room & looking out window frequently. M. Kelly, L.H. Skidmore Dept. most of this hour, socializing w/ Sgt's Thompson, Lawrence, and Bradley. No change noted. for for ECT. Temp. 97.4° R.T. 158 for for J. J. Smith.
11/22/68	8 ³⁰		Morphone 91/75 7m K. Smith
11/22			Pt. cancelled from ECT because he had not fasted. Between 7:00-8:00 AM. in room.
11/22	1/4		Patient slept until 5 AM. sat up & began smoking. for for J. J. Smith.

291A

CLINICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
3/14/70		11 ³⁰	Patient has been no management problem this time. He spent a considerable amount of time sleeping. While awake his behavior was a little suspicious but no attempt made to leave ward. Appetite at supper was good. B. B. Hudson M.
3/15	12 ⁴⁵		Pt slept well, was up about 5 AM, taking & eating suspiciously, no word prob- Friday
3-15-70		3 ³⁰	Appears depressed, especially after visit to family, but made no attempt to leave bed for long period of time. Watched T.V. for awhile, refused to talk when approached. B. Wiley T. M.
3/16	2 ¹⁵		Pt slept well this time, said he felt better he went to get out & get a job around very much about. Friday

Continue on reverse side

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade, date, hospital or medical facility)

REGISTER NO.

WARD NO.

001 00007 L
246-66-5678
7-13-44 "ETH"

NURSING NOTES
Standard Form 510
510-107